## **Application Information**

Application Type: Divisional Subject Matter: Utility

Title: BRAILLE INFORMATION NOTIFICATION

**DEVICE** 

Attorney Docket Number: OT-4912A

Request for Early Publication?: No Request for Non-Publication?: No Suggest Drawing Figure: 2 Total Drawing Sheets: 3 Small Entity?: No

## **Inventor Information**

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## Representative Information

Representative Customer Number: 26584

**Correspondence Information** 

Correspondence Customer No.: 26584

**Assignee Information** 

Assignee Name: Otis Elevator Company

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City: Farmington

State or Province: CT
Country: US
Postal or Zip Code: 06032

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional	10/086,013	February 28, 2002